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To:

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From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: NSO Nick Spradlin, Com

2022 JAN 28 PH 4: 54

LLC REGISTERED AGENT CHANGE GRITCORE, LLC

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T. LEMIEUX

JAN 3 9 2022

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company Submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: GRITCORE, LLC			
2. (a)	12994 SPRING RAIN ROAD	(b) 12994 SPRING RAIN ROAD		
(-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \	·,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	JACKSONVILLE, FL 32258	-	JACKSON	NVILLE, FL 32258
	02/23/2021		L21000080	0014
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	THE LAW OFFICE OF NICK SPRADLIN, PLLC			
	Registered Agent and Registered Office shown on the records of the Registered Office Address **CMUST BE FLORIDA STREET A 2202 N WEST SHORE BLVD**	·		e : _
		33607		-
(b)	THE LAW OFFICE OF NICK SPRADLIN, PLLC			_
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	22
	4300 BISCAYNE BLVD.			
	NEW Registered Office Address:			
	SUITE 203			
	MIAMI , FL	33157		
agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	egistere pility co the lim mited li	d office and mpany, it is ited liability lability com	the business office of the registered hereby confirmed that the change(s)
Signan				Printed or typed name of signee
he obli o mere otified	y decept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to act erforma for in C reby co	in this capa nce of my d hapter 605, nfirm that ti	ates 16 di anno 1 di anno
2.8natule	c Of Reputered Agent			